

Electronic prescription in the USA

(Elektroniczna recepta w USA)

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Abstract – The authors presented the principles of functioning of the e-prescription in the USA. As an example, the US was recalled because it is a country outside Europe and offers a slightly different solution. The article describes the health system in the USA. In the United States, an e-prescription was introduced, mainly to minimize errors associated with the display of traditional prescriptions, because they were often illegible. The new system was designed to improve patient safety. The electronic prescription has been used since December 2006. At that time, only a few percent of doctors declared its use. This situation changed in 2008, when the Act on Medical Improvements for Patients and Suppliers came into force (Medicare Improvements for Patient and Providers Act of 2008) . disease positively correlated with the level of health behaviour.

Key words - USA, e-prescriptions.

Streszczenie – Autorzy przedstawili zasady funkcjonowania e-recepty w USA. Jako przykład przywołano USA ze względu na to, że jest to kraj znajdujący się poza Europą i proponuje nieco inne rozwiązanie. W artykule scharakteryzowano system zdrowotny w USA. W Stanach Zjednoczonych wprowadzono e-receptę głównie po to, by zminimalizować błędy związane z wystawianiem recept tradycyjnych, ponieważ często były one nieczytelne. Nowy system miał poprawić bezpieczeństwo pacjentów. Elektroniczną receptę zaczęto stosować od grudnia 2006 roku. Wówczas zaledwie kilka procent lekarzy deklarowało jej użytkowanie. Sytuacja ta zmieniła się w 2008 roku, kiedy weszła w życie ustawa o ulepszeniach medycznych dla pacjentów i dostawców(Medicare Improvements for Patient and Providers Act of 2008).

Słowa kluczowe - USA, e-recepty.

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A. The idea and the planning of the study
B. Gathering and listing data
C. The data analysis and interpretation
D. Writing the article
E. Critical review of the article
F. Final approval of the article

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I. HEALTH SYSTEM IN THE UNITED STATES

The health system in the United States is the closest to the market model. A private health insurance sector dominates there, and the state does not provide its inhabitants with universal access to benefits. This means that each citizen bears individual responsibility for their treatment. There are two main programs in the US that are financed by the government. The first of these is Medicare. Initially, it was a system that provides elderly people (over 65) and disabled access to some benefits. Later, people who required constant dialysis and transplantation also joined the group. The system consists of 4 parts. Part A gives entitlements primarily to hospital services, as well as to stay in a nursing home and to hospice services. Part

B is optional. It covers the costs of outpatient care and home visits. Part C gives the opportunity to participate in health programs, which are financed by the government, but deprives you of the possibility of using hospice care. The last part, D, is used to partially cover the expenses for medicines. The individual elements of the Medicare program are associated with varying degrees of co-payment. The second is the Medicaid program, which facilitates access to benefits for people below the poverty threshold, as well as poor disabled and elderly people. The poverty threshold is set at the federal level, but individual states can decide on exact conditions entitling to joining the program. It is largely financed by the state. Benefits provided by the program include hospitalization, outpatient care and research. The health care reform made by Barack Obama imposes an obligation on legal residents and citizens to have health insurance. There are 4 types of packages available. The brown package is to cover 60% of expenditure on outpatient and closed care fees. The next one is the silver package, this is the so-called basic plan. It covers 70% of expenses related to health protection. The golden package covers 80% of expenditures, while platinum - 90%. Poor people will be able to buy insurance with large discounts [1-4].

II. E-PRESCRIPTIONS

In the United States, an e-prescription was introduced, mainly to minimize errors associated with the display of traditional prescriptions, because they were often illegible. The new system is to improve patient safety. The electronic prescription has been used since December 2006. At that time, only a few percent of doctors declared its use. This situation changed in 2008, when the Act on Medical Improvements for Patients and Suppliers came into force (Medicare Improvements for Patient and Providers Act of 2008). From year to year, the group of people using the new solution began to grow. Figure 8 shows the percentage of doctors who accept e-prescriptions and use EHR from December 2006 to April 2014 [5].

Figure 2 shows how the share of the use of e-prescription in individual states changed, using EHR in 2008, 2011 and 2014.

The above data show that the popularity of the electronic prescription system has increased significantly since 2008. In April 2014, it was found that three states are characterized by the highest percentage of physicians using the e-prescription with the use of the Electronic Patient Record. These include the state of Minnesota - 100%, Iowa - 95% and Massachusetts - 94%. This is a big change compared

to 2008. Most pharmacies also joined the new system [1,5].

Initially, there were two companies operating in the United States - RxHub and Sure Scripts, which were involved in creating a network in which an e-prescription was sent. Currently, these companies have merged into one and constitute the largest private enterprise responsible for electronic prescriptions.

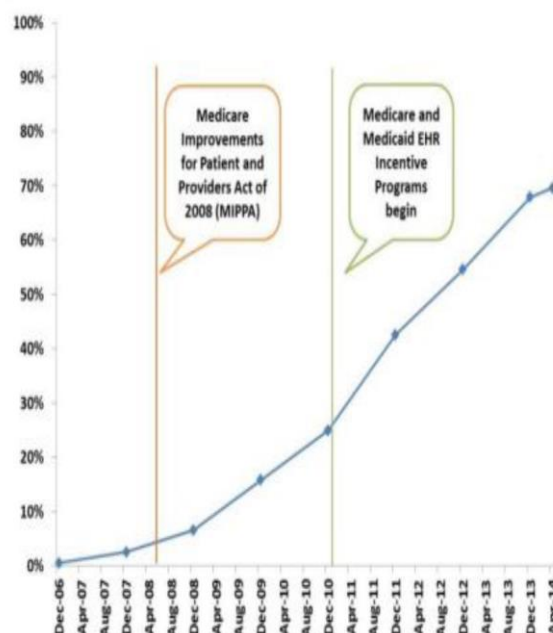


Figure 1. The percentage of physicians accepting e-prescriptions and using the Electronic Patient Record (EHR) from December 2006 to April 2014 [5]

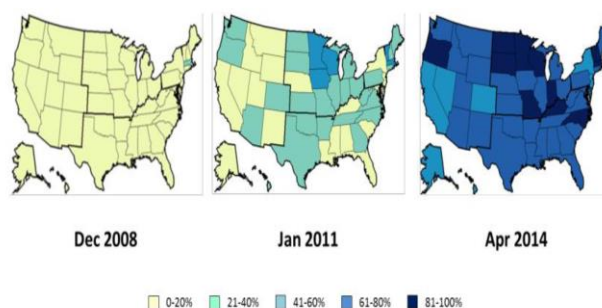


Figure 2. The percentage of physicians using an e-prescription using EHR in individual states [5]

In order to use the e-prescription software, you must use one of several hundred applications that work with

SureScript, which are acceptable in every state. Thanks to them, you can use the e-prescription system freely throughout the country. The software available for doctors allows you to check the insurance area of a given patient. In addition, thanks to the connection with the facility where the patient is insured and the proper pharmacy, the person issuing the prescription can also get an insight into the medical history and pre-written prescriptions. It also makes it easier to control the impact of individual medicines on yourself. However, consent must first be obtained from the patient. The prescription is immediately sent to the indicated pharmacy. A big help for patients with chronic diseases is that they do not have to go to the doctor to extend the prescription. It is enough that the patient calls the pharmacy. Then the pharmacist sends the doctor a request to extend the prescription. The doctor can accept such a request and send a prescription to the pharmacy or reject it. The obligation to check refunds has been abolished from pharmacies, because it takes place in a doctor's office, at the stage of prescription [1,6].

III. REFERENCES

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